County: Brown WOODSIDE LUTHERAN HOME 1040 PILGRIM WAY GREEN BAY 54304 GREEN BAY 54304 Phone: (920) 499-1481
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 147
Total Licensed Bed Capacity (12/31/00): 168
Number of Residents on 12/31/00: 137 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Non-Profit Church Related Skilled Yes Yes Average Daily Census: 150

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Services Provided to Non-Residents	- 1	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00	%
Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	/es /es /es /es No No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org. /Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 46. 0 9. 5 0. 0 5. 8 0. 7 2. 2 8. 0 9. 5 4. 4 2. 2 11. 7	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	0. 7 2. 2 33. 6 52. 6 10. 9 100. 0 99. 3	Less Than 1 Year 1 - 4 Years More Than 4 Years ***************************** Full-Time Equivale Nursing Staff per 100 F (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	17. 1 2. 6 45. 6

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Pri vat		ri vate	te Pay		Manageo	d Care		Percent	
			Per Die	Per Diem Per Die			m	Per Diem			Per Dien	1	Per Diem Total			Of All	
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	Ĭ		\$310.45	58	89. 2	\$99. 68	Ŏ	0. 0	\$0.00	67		\$136.46	Ŏ	0. 0	\$0.00	126	92. 0%
Intermedi ate				7	10.8	\$81. 91	0	0.0	\$0.00	4	5.6	\$114.66	0	0.0	\$0.00	11	8.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Venti l ator- Depender	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	1	100. 0		65 1	100.0		0	0.0		71	100.0		0	0.0		137	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12	2/31/00
beachs builting kepoliting relifou					Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	2. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0.0		62. 0	38. 0	137
Other Nursing Homes	8. 6	Dressi ng	9. 5		59. 1	31. 4	137
Acute Care Hospitals	80. 5	Transferring	16. 1		48. 2	35. 8	137
Psych. HospMR/DD Facilities	0.0	Toilet Use	12. 4		53. 3	34. 3	137
Rehabilitation Hospitals	0. 0	Eati ng	44. 5		38. 7	16. 8	137
Other Locations	8. 6	***************	******	*****	*******	*********	******
Total Number of Admissions	128	Conti nence		%	Special Treat		%
Percent Discharges To:		Indwelling Or Externa		5.8		Respi ratory Care	4. 4
Private Home/No Home Health	30. 2	Occ/Freq. Incontinent		62 . 8		Tracheostomy Care	0. 0
Private Home/With Home Health	4. 0	0cc/Freq. Incontinent	of Bowel	38. 7	Recei vi ng S		0. 0
Other Nursing Homes	6. 7	_				Ostomy Care	0. 0
Acute Care Hospitals	4. 7	Mobility			Recei vi ng	Гube Feedi ng	1. 5
Psych. HospMR/DD Facilities	0. 0	Physically Restrained		8. 8	Recei vi ng 1	Mechanically Altered Diet	s 20.4
Rehabilitation Hospitals	0.0					-	
Other Locations	12. 1	Skin Care			Other Resider	nt Characteristics	
Deaths	42. 3	With Pressure Sores		6. 6		ce Directives	97. 8
Total Number of Discharges		With Rashes		5. 1	Medi cati ons		
(Including Deaths)	149				Recei vi ng 1	Psychoactive Drugs	48. 2

	Ownershi p:		Bed	Si ze:		ensure:			
	Thi s	This Nonprofit		100-	100- 199		Skilled		
	Facility	cility Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89. 3	87. 8	1.02	83. 6	1. 07	84. 1	1.06	84. 5	1.06
Current Residents from In-County	95. 6	82. 6	1. 16	86. 1	1. 11	83. 5	1. 15	77. 5	1. 23
Admissions from In-County, Still Residing	21. 1	25. 9	0. 81	22. 5	0.94	22. 9	0. 92	21. 5	0. 98
Admissions/Average Daily Census	85. 3	116. 8	0. 73	144. 6	0. 59	134. 3	0.64	124. 3	0. 69
Discharges/Average Daily Census	99. 3	117. 3	0. 85	146. 1	0. 68	135. 6	0. 73	126. 1	0. 79
Discharges To Private Residence/Average Daily Census	34. 0	43. 9	0. 77	56. 1	0. 61	53. 6	0.63	49. 9	0.68
Residents Receiving Skilled Care	92. 0	91. 3	1. 01	91. 5	1.00	90. 1	1. 02	83. 3	1. 10
Residents Aged 65 and Older	99. 3	97. 1	1. 02	92. 9	1.07	92. 7	1. 07	87. 7	1. 13
Title 19 (Medicaid) Funded Residents	47. 4	56. 2	0.84	63. 9	0.74	63. 5	0. 75	69. 0	0. 69
Private Pay Funded Residents	51.8	37. 5	1. 38	24. 5	2. 12	27. 0	1. 92	22. 6	2. 29
Developmentally Disabled Residents	0. 0	0. 6	0.00	0.8	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	55. 5	36. 3	1. 53	36. 0	1.54	37. 3	1.49	33. 3	1.66
General Medical Service Residents	11. 7	21. 1	0. 55	21. 1	0. 55	19. 2	0.61	18. 4	0.63
Impaired ADL (Mean)	57. 7	50.8	1. 14	50. 5	1. 14	49. 7	1. 16	49. 4	1. 17
Psychological Problems	48. 2	50. 0	0. 96	49. 4	0. 98	50. 7	0. 95	50. 1	0. 96
Nursing Care Required (Mean)	4. 7	6.8	0. 70	6. 2	0. 77	6. 4	0. 74	7. 2	0.66